

Electronic Acknowledgement Receipt

EFS ID:	1532619
Application Number:	10687109
International Application Number:	
Confirmation Number:	8719
Entered 06/21/2007 CKHLOK Filing 00002073 191970 10687109 Fee 250.00 CR	
Title of Invention:	Three dimensional structures and models of Fc receptors and uses thereof
First Named Inventor/Applicant Name:	P. Mark Hogarth
Customer Number:	22442
Filer:	Darla Yoerg
Filer Authorized By:	
Attorney Docket Number:	5478-4-1
Receipt Date:	21-FEB-2007
Filing Date:	15-OCT-2003
Time Stamp:	13:53:05
Application Type:	Utility

Payment information:

Submitted with Payment	yes
Payment was successfully received in RAM	\$250
RAM confirmation Number	2073
Deposit Account	191970

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

Charge any Additional Fees required under 37 C.F.R. Section 1.16 and 1.17

File Listing:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>06/20/07</u>		2 Serial/Patent # <u>10/687,109</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	IFW	02/21/07	\$ 250.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 250.00	
8 TO BE REFUNDED BY:				
		Treasury Check		
<input type="checkbox"/>	Overpayment	X	Credit Deposit A/C #:	
Duplicate Payment			9 1 9 -- 1 9 7 0	
<input checked="" type="checkbox"/>	X No Fee Due (Explanation): We granted as a petition to withdraw the holding of abandonment (free) so no fee needed for petition to revive			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Charles Steven Brantley</u>		TITLE: <u>Senior Petitions Attorney</u>		
SIGNATURE: <u>CSB</u>		PHONE: <u>571-272-3203</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>CSB</u>		DATE: <u>6/21/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
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